MONTHLY OUTPATIENT MEPRS RECONCILIATION

Reconciliation Date: / /	**Branch of Service:**	**MEPRS Reporting Month/ FY**:
DIVISION/GROUP DMIS ID:	**MTF Name:**	

OFFICE(s) RESPONSIBLE FOR RECONCILIATION:

- **Patient Administration Department (PAD)**
- **Resource Management Department (RMD)**
- **Management Information Department (MID)**

MTF Personnel Designated To Perform This Reconciliation Procedure:

NAME(s):	**PHONE NO.**:	**OFFICE**:

Reconciliation Title: Outpatient Workload and Labor Hours

Reconciliation Objective:

- To ensure complete and accurate monthly Outpatient Workload and Labor Hours are recorded in MEPRS/EAS.
- To provide senior level management with a written assessment on the Monthly Outpatient MEPRS Reconciliation to include an evaluation of the MTFs business practices and system processes to improve the data quality in CHCS reporting and outpatient time keeping.

Key Reconciliation Data Elements/Source Systems

MEPRS Outpatient Workload Measures:	**Data Source System – Workload**
• SAS 002 – Outpatient Visits • SAS 003 – Total Visits	• CHCS – Workload Assignment Module (WAM)
MEPRS Outpatient Labor Hours: • Physician Provider Hours • Clinical Support Hours	**Document Source(s) for Labor Hours:** • Templates • Schedules • Timesheets • Timecards (Civilians) **Data Source System for Labor Hours:** • Navy: Standard Personnel Management System (SPMS), MEPRS/Military Labor (MML) • Army: Uniform Chart of Accounts Personnel (UCAPERS) • Air Force: EAS Personnel Subsystem

Reconciliation Expected Outcomes

- Outpatient clinical workload will have associated outpatient labor hours
- Establishment and implementation of a Monthly Outpatient MEPRS Reconciliation process of source documents/systems to MEPRS/EAS.

Outpatient Reconciliation Guideline(s):

- The **Commander** must designate in writing the appropriate departmental representatives including, at a minimum, Patient Administration Department (PAD), Resource Management (RM), and Management Information Department (MID) to coordinate and perform the Monthly Outpatient MEPRS Reconciliation activity. An audit trail of appointment letters must be maintained.

- **CHCS Workload Assignment Module (WAM) Monthly Outpatient Templates.** MEPRS codes and associated outpatient workload measures reported in the CHCS Monthly Patient Appointment and Scheduling (PAS) Statistical Report and the World Wide Workload Report (WWR) **must** match those reported in the CHCS Workload Assignment Module (WAM) Monthly Outpatient Templates.

- **Outpatient Workload Measures.** The CHCS Monthly PAS Statistical reports provide count and non-count visits by department/service and by hospital location clinic. PAS calculates workload based on clinic visit and WAM calculates workload based on MEPRS code. Therefore, only the last section of the Monthly Statistical reports which sorts by MEPRS code should be used to reconcile with WAM.

- **End of Day (EOD).** The CHCS PAS or the Managed Care Program (MCP) module uses appointment schedule templates and CHCS appointment types to provide system-generated visit counts to MEPRS/EAS by MEPRS code. Therefore, outpatient CHCS EOD processing must be done on a daily basis. Failure to change the patient appointment status will result in a delinquent EOD report and visit counts not being reported on the CHCS WAM Templates, the WWR and eventually in MEPRS/EAS.

- **Workload Validation.** Prior to approving monthly CHCS WAM templates (SASs 002 and 003), each MTF Outpatient Clinic Manager or the appropriate MTF designee for the outpatient work center will review and validate their clinic workload reported in the CHCS Monthly PAS Statistical Report and the Worldwide Workload Report (WWR). This review must include an assessment of the appointment types for “count” or “non-count” workload. The Monthly PAS Statistical Report, WWR and the CHCS WAM templates must be simultaneously generated. If there are variances in the workload statistics, then a TMSCC Trouble Ticket must be submitted. This action should be noted in the Monthly Reconciliation Report for the facility. The Monthly PAS Statistical Report is the source for outpatient workload reporting.

- **Workload Approval.** The WAM templates (SASs 002 and 003) for outpatient workload measures are CHCS system-generated and must be approved by the MTF prior to being interfaced into MEPRS/EAS.

- **Outpatient Provider FTE Hours.** Physician providers (Clinicians, Interns, Residents, Fellows) report their outpatient labor hours to the outpatient specialty MEPRS codes for which they rendered patient care during the reporting month. Physician Provider outpatient labor hours cannot be reported to a MEPRS/EAS cost pool code. Clinical support personnel such as nurses, corpsmen, ward clerks, etc., report their labor hours to MTF outpatient locations (they may be referred to as MEPRS/EAS Cost Pool Code(s)) for which they rendered patient care support during the reporting month. **Note:** For the Navy, staff hours must be reported to the outpatient specialty(s) and not reported to a location (commonly referred to in MEPRS/EAS as a cost pool code(s)). Personnel required to report labor hours include: MTF assigned and borrowed personnel to include reservists, civilian personnel, internal resource sharing contractors, and volunteers.

- **Time Keeping Source Documents:** MEPRS/EAS time-keeping source documents must be validated on a monthly basis by management personnel. **The time keeping source documents require** approval signatures. RM will also ensure that the labor hours reported in the Service labor source data system matches the labor source documents. The following source system reports must be used for labor reconciliation purposes: Navy, SPMS, MML, MEPRS Report (MEP_502). Army, the EAS Accumulator Report, and Air Force, the EAS Personnel Audit Report.

- **Activation / Inactivation MEPRS Codes Synchronization:** MTFs must establish timely and accurate procedures for **synchronizing MEPRS codes** used in both the MEPRS/EAS and CHCS systems. All system files and tables must be updated at the same time or errors will result when processing data. These data errors must be corrected by the MTF. Timely activation and inactivation of MEPRS codes in MEPRS/EAS and CHCS is mandatory.

- **Non-standard / Invalid MEPRS codes**. CHCS WAM will not allow non-standard MEPRS codes to be reported. If CHCS files and tables contain invalid third level MEPRS codes, then the **CHCS WAM Templates and the CHCS outpatient reports will not match**. If an invalid MEPRS code is identified, it must be inactivated in CHCS, to support outpatient reconciliation. **CHCS WAM Exception Reports** identify when MEPRS data business rules or MEPRS codes for workload are not met. Refer to the CHCS MEPRS WAM Core Business Table for current Fiscal Year (FY) MEPRS/EAS processing business rules.

- **DMIS ID Code Synchronization:** MTFs must establish timely and accurate procedures for **synchronizing DMIS ID Codes** used in both the MEPRS/EAS and CHCS systems. All system file and tables must be updated at the same time or workload may not roll up to the appropriate DMIS reporting activity. Errors in these tables should be reported to the MID and the Service MEPRS POC for correction.

- The **DoD 6010.13 manual** contains the official listing of DoD third level MEPRS Codes. The Military Departments and their supporting organizations provide guidance on the fourth level MEPRS/EAS coding methodologies via their annual financial guidance.

- **Standard Outpatient Data Record (SADR).** SADR is NOT the source record for the visit workload measures.

Reconciliation Process To Be Followed

- The following offices are primarily responsible for outpatient reconciliation:
  - MTF work centers reporting visits
  - MTF Patient Administration Department (PAD)
  - Clinical Services Office and Managed Care Office. It is recommended that other MTF offices and their personnel contribute to this process such as the ADS Office , the TPC Office, etc., as appropriate
  - Resource Management (RM)

- The Management Information Department (MID) must provide CHCS file and table documentation and other technical support, as necessary. Under no circumstances should PAD or RM be given MID Data Administrator functions, due to the inherent risk to the files and tables supporting CHCS and used to deliver and track patient care.

- In a collaborative effort, PAD and RM representatives must review the PASBA Data Quality MEPRS Discrepancy Metric on the web site **(http://pasba.tricare.osd.mil/).** Facilities that report MEPRS "A" or "B" codes with workload and no expenses or expenses and no workload must review source system documentation and collection process. Those facilities meeting the above conditions must

initiate the following reconciliation process in order to validate the accuracy of the MEPRS Discrepancy Metric.

- PAD and RM representatives will review and validate the MEPRS / EAS Account Subset Definition (ASD) tables against the CHCS Site Definable MEPRS Table. This is to ensure that all MEPRS codes have been authorized for use by RM.

- PAD and RM representatives will review and validate that the MEPRS codes and the workload counts being reported in the CHCS Monthly MEPRS PAS report, WWR and the outpatient WAM templates (SASs 002 and 003) match the MEPRS codes that have been authorized for use by RM.

- Each month the PAD, RM and MID designated representatives will select from the current month, within seven days of appointment date, a minimum of four outpatient records. The PAD, RM and MID representatives will then trace each record from appointment made to EOD processing, collecting all associated documentation supporting the visits. This includes documentation supporting the MEPRS code used and reported in the PAS Report, WWR and the SADR produced from the Ambulatory Data System (ADS). This process provides a monthly internal management control for the collection and processing of MEPRS data in our automated systems. If errors are noted in the sample population of records and the problem seems to be systematic, the population sample may need to be expanded. Appropriate actions to resolve or correct the systemic discrepancy(s) must be established and executed.

- RM and PAD representatives must review the labor hour source documents to ensure that the workload reflected in the Monthly MEPRS PAS Report has corresponding labor hours. Any questions regarding the hours reported on the templates/schedules, etc. should be referred to the physician supervisor or Nurse ward supervisor, as appropriate, for information, clarification, etc. Any discrepancies will be noted in the reconciliation document along with the corrective action necessary.

- NLT than the end of the month the monthly internal management evaluation and assessment will be completed and forwarded to the MTF Steering Committee. The MTF will designate a representative to brief the MTF Steering Committee on the MEPRS reconciliation findings.

- All supporting documentation will be attached to the reconciliation document such as the CHCS MEPRS reports, time keeping source documents, hard-copy of verified data system reports.

- **CHCS, SADR and WAM Processing.** Refer to the Outpatient Reconciliation Workbook for additional information related to the outpatient reconciliation process.

MEPRS OUTPATIENT RECONCILIATION CHECKLIST
❑ **Was a valid "B" level MEPRS Code assigned to the Clinic?**
❑ **Does the clinic book appointments to a "Team" and subsequently change the appointment to the specialty of the provider that actually saw the patient during Check-in or End of Day Processing? If so, was the MEPRS Code of the appointment appropriately changed in CHCS? Was it also changed in ADS?**
❑ **Was the MEPRS Code assigned to the visit related to the clinical services provided by the Provider? Clinic?**
❑ **Was the Clinic correctly identified as a Count or Non-Count Clinic (per MEPRS rules)?**

❑ **Was the Appointment Type correctly identified as a Count or a Non-Count (per MEPRS rules)?**
❑ **Was the patient appointed to more than one appointment slot within the span of two hours? Could the appointment slots have been joined in CHCS to better support the ADS Two Hour Rule?**
❑ **Were there any pending appointments not yet processed using End of Day processing? For the Clinic? For the Provider?**
❑ **Was the correct Patient Category assigned?**
❑ **What was the date of the last DEERS Eligibility Check?**
❑ **What was the Provider's Default MEPRS Code that saw the patient?**
❑ **Does the provider support multiple clinical specialties?**
❑ **Does your site have any ad-hoc reports to check what MEPRS Codes were assigned to Outpatient Orders, entered either by the provider or by Ancillary staff?**
Deficiencies / Corrective Actions : 1. _____ 2. _____ 3. _____ Additional attachment may be necessary to complete this section**.**
Are Tri-Service Procedure OR AIS Software Changes Needed? **YES ____ / NO ____** **(**Attach Proposed Change With Name /Phone Number of Originator & MEPRS Mgmt Control Number)
Name of Hardcopy "Report Source" Document To Be Retained for Audit (Attach Copy): 3 – Years – Reconciliation Reports with supporting documentation. 3. – Archived Personnel System monthly reports. 90 day retention for timesheets.
SIGNATURES OF RECONCILING OFFICIALS: MONTH/CALENDAR YEAR PERFORMED:
DoD MEPRS Management Control Number:

Data Quality Management Improvement Plan

Outpatient Workload Reconciliation Workbook

Steps to assess and measure Outpatient MEPRS Data Quality within CHCS

Table of Contents

Introduction

The goal of medical information management is to establish a common system and processes for accurately reporting and comparing healthcare delivered within the Military Medical Treatment Facility (MTF). This process is characterized by standardized business rules for collecting, calculating, and reporting workload data. Standardized processes support the benchmarking of resources used to manage and to deliver health care. Additionally they provide the ability to establish the necessary criteria to validate the quality of data used for clinical and management decision making.

The Medical Expense Performance and Reporting System (MEPRS) Management Improvement Group (MMIG) has outlined a reconciliation process for outpatient workload to evaluate data quality in terms of accuracy, timeliness and completeness. The MMIG objective focuses on data capture procedures and system capabilities used by the Composite Health Care System (CHCS) for MEPRS reporting in the Expense Assignment System (EAS).

The objectives of the reconciliation are to:

- Reinforce command emphasis on Data Quality
- Validate the integrity of workload data between the Data Source Collection Systems (DSCS) and MEPRS/EAS
- Establish internal management control processes that demonstrate management accountability and control
- Identify opportunities for system improvement and business process enhancements.

Workload reconciliation is defined as the ability to explain the relationship between data derived from point A and reported in point B within pre-determined parameters and defined in relevant business rules. The source system data must meet required outputs for MEPRS/EAS without editing to

provide for full accountability of the workload reported. This reconciliation process will likely bring to the forefront instances where this may not currently be the case. Therefore MEPRS reconciliation means being able to state which portion of the source data was accurately captured and reported, and which portion was not. Where valid differences exist between data reported to MEPRS, the reconciliation will explain and validate the differences in a manner sufficient to withstand audit. Reconciliation is expected to produce the following outcomes:

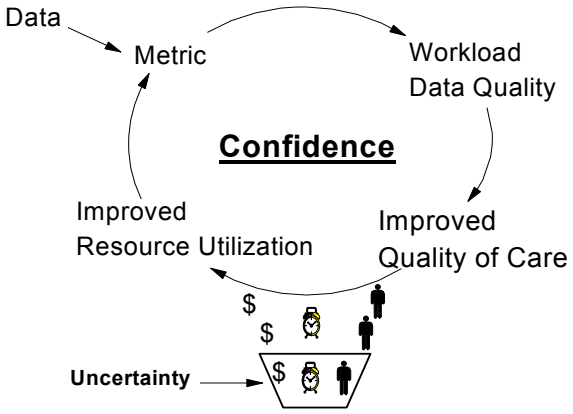
- Provide the reporting site immediate feedback as to the quality of the data used for decision support and allow correction of discrepancies at the lowest data capture and processing levels.
- Provide a systematic process for documenting data source system deficiencies as well as corrective actions needed to resolve deficiencies.
- Provide practical guidelines for and contribute to system operations and maintenance; especially as related to common system file and table builds.

This document is intended to be used as a tool to guide site personnel who are responsible for supporting the Monthly Reconciliation activities.
Reconciliation activities must be relevant to the goals and material to the operations of the organization, focusing on the key data variables affecting organizational performance factors. Each reconciliation activity is conducted on a routine systematic basis, utilizing a representative sample of the organization's productivity data. A parallel focus of outpatient reconciliation is to ensure that clinical workload has associated labor hours. All reconciliation activities must be integrated with data findings from the other areas of the enterprise in order to provide an organizational perspective and approach to business process improvement. It is expected that this reconciliation process will identify issues not only within the MTF, but also identify those that are common across many MTFs. Reconciliation may identify issues related to CHCS and/or MEPRS training. CHCS/MEPRS EAS file and table synchronization, and/or errors in the file and table builds. CHCS or MEPRS/EAS system design flaws may also be uncovered that will require a System Change Request (SCR) to be submitted through appropriate channels for evaluation, approval and funding to correct or change the system involved.
All findings and deficiencies must be reported to senior level management (MTF Steering Committee), whether they originate as technical, functional, system design or data entry process problems. The Tri-service Medical Systems Support Center (TMSSC) is responsible for customer support and should be contacted in the event of data errors and or systems issues. TMSSC will log trouble ticket, monitor its progression to resolution, and maintain an automated system for review and analysis of data errors and system issues. Recommended corrections and processes used to manage discrepancies within the systems, must first be submitted to the Management Information Department (MID) Officer, as part of the reconciliation report, to establish a plan and timeline to implement the necessary local MTF changes. If resolution cannot be achieved at the MTF level the issues should be forwarded to the Service MEPRS Coordinator following the procedures outlined in the service unique Annual MEPRS Guidelines. .

Data Quality - A Leadership Issue

Data Quality is defined as "the correctness, timeliness, accuracy, completeness, relevance, and accessibility that make data appropriate for use (Federal Information Processing Standards, Publication 11-3, 1991). Confidence in the reliability and validity of the data is dependent upon a continuous process of review, assessment, analysis, improvement, and monitoring.

Data Quality Assurance (Figure 1)



Quality data is not only critical to medical management, it is increasingly critical to our success in managing day-to-day operations in a managed care environment.

This model is integrated into the DoD guidance for data quality which include the following steps:

- **DEFINE** the data quality problem by establishing the scope of the data quality management project, objectives to be achieved by the project, and the criteria to be used to judge conformance to data quality standards;
- **MEASURE** the conformance to data quality standards and flag exceptions to established data standards;
- **ANALYZE** conformance and prioritize conformance issues to provide recommendations for improving data quality;
- **IMPROVE** data quality by implementing recommendations.

Ensuring that attention is given to data quality is a leadership issue. It requires the command to assert its commitment to the process and resource the team for success.

Data Quality Management and Measurement

The Patient Administration Systems and Biostatistics Activity (PASBA) homepage at http://pasba.tricare.osd.mil/dqfas.html provides a guide for selected data quality indicators and internet links to help MTF commanders and their staff assess the quality of data being collected at their facilities. Currently, these quality indicators are Army specific. However, the plan is to include the Navy and Air Force facilities in the near future. The results of this assessment can also serve as a baseline measurement and provide for opportunities for improvement. It also establishes and implements a set of corporate data quality metrics. The Source Data Collection Systems (SDCS) targeted by the metrics include the:

(a) Composite Health Care System (CHCS)

(b) Ambulatory Data System (ADS)

(c) Defense Enrollment Eligibility Reporting System (DEERS)

(d) Medical Expense and Performance Reporting System - Expense Assignment System.

Decision Support Teams - Data Quality

Every member of the healthcare team must recognize that data is an asset, particularly in a data intensive activity such as healthcare management, and delivery. Not only are management decisions made using the data captured and reported, but also clinical decisions. As healthcare increasingly relies on information systems and the data associated with the healthcare and its associated costs, the importance of the correctness, timeliness, accuracy, completeness, relevance and accessibility to the data cannot be overstated. All of the above are considered as characteristics of Data Quality, both in industry and within DoD.

Reconciliation - A Team Approach

The activities outlined in the outpatient reconciliation process establish the baseline for continuously measuring and monitoring the quality of your MTF's data. These activities cannot be successfully implemented in a vacuum and require an integrated approach for analysis and issue resolution. Members of an integrated team include representatives from Resources Management (RM), Patient Administration Division (PAD), Management Information Department (MID), clinical areas within the MTF, and particularly the MEPRS Coordinator and CHCS Database Administrator. This team is command sponsored, and reports directly to the organization's MTF Steering Committee.

Overview of the WAM Subsystem in CHCS

CHCS is the "System of Record" for the capture and reporting of MEPRS Visit workload data. Within CHCS, the Workload Assignment Module (WAM) is a Tri-Service system that standardizes and streamlines MTF workload reporting for MEPRS/EAS.

Business Rules have been automated within WAM to provide consistent data collection and workload reporting among all MTFs. Prior to WAM, MEPRS and site personnel printed the CHCS Sub-system MEPRS reports from various areas within the MTF, including Inpatient, Outpatient and Ancillary, and manually re-entered the workload information into other "off board" applications, including EAS.

When WAM is implemented in an MTF, the system provides the capability to validate the workload data captured within CHCS Sub-systems against MEPRS business rules that are stored in the CHCS WAM Core Table. When CHCS captures data that does not meet the MEPRS business rules, WAM serves as a back-end "filter" to prevent invalid MEPRS codes and associated workload data from being reported.

The WAM Core Table also establishes the mapping of the MEPRS workload data to the Step-down Assignment Statistics (SAS) that are used by the EAS. SAS are used to track the number of occurrences for a particular statistic or event that occurs within a number of work centers or to track the workload performed within a particular work-center in an MTF.

Once the monthly workload data contained in WAM templates is reviewed and approved by site personnel, the data is transferred to EAS via an electronic interface, to reduce possible inaccuracies due to data entry errors, and to provide for timely submission of workload data.

WAM also provides Exceptions reports when there are inconsistencies within CHCS files and when CHCS or EAS files are not synchronized. WAM users must review these summary messages and determine if the files processed require corrective actions.

Note: See Appendix D of the WAM Implementation Guide (CHCS Version 4.61 dated 8 July 1998) for detailed explanations of the WAM Exception Reports and the corresponding corrective actions.

This reference is available from the D/SIDDOMS and CHCS II Document Library (Password Required) See your CHCS Site Manager for access to the applicable CHCS documents. This is the primary site for CHCS Release Documentation: http://www.hctsdm.saic.com/

CHCS Patient Appointing and Scheduling (PAS) Overview

The CHCS PAS subsystem provides many functions related to booking, scheduling and reporting of patient appointments. CHCS PAS also provides the ability to generate numerous statistical and workload related standard reports. CHCS is the "Source System of Record" for Outpatient MEPRS Visit reporting. CHCS PAS provides authorized personnel with the ability to perform the following tasks:

- Search for single or multiple appointments in one or more clinics
- Cancel and reschedule appointments
- Join Consecutive Appointment Slots to extend the time allocated for a single appointment
- Enter Wait List requests
- Perform End-of-Day (EOD) processing (See Below for EOD details)
- Enter and update Emergency Room visits
- Add and maintain clinic, provider and appointment profile information
- Send daily batch files of pending appointments to the Ambulatory Data System

Appointment Scheduling

Appointments can be entered or booked into provider schedule templates by MTF or Managed Care Contractor appointing staff. CHCS provides the ability to search for available appointments in a specific clinic for a specific provider within a specified date and time range.

Once the appointment is scheduled (booked) in CHCS for a future date and time, the system assigns as a "Pending" appointment status.

One particular appointing practice that may cause problems in the workload reported occurs when multiple or consecutive appointments

are booked in CHCS for the same patient, typically within the span of two hours. Some clinics have determined that if a patient needs more time than is allotted for a normal appointment, two visits should be counted instead of one visit. This is not consistent with the definition of a visit, since visits do not include a requirement for time or acuity. In such cases, only one visit is appropriate for workload reporting purposes regardless of how much time is needed.

Please be advised that CHCS will JOIN appointments to be consistent with the definition of a visit. The ability to Join appointments is available from the PAS booking screen, when two consecutive time slots are available for booking. However, if this CHCS Join Option is not used, ADS will automatically "merge" the appointments to support the "Two Hour Rule" when the same patient is scheduled for the same provider, within a two hour span, as a single encounter.

CHCS Booking Screen that supports the join appointments function is accessed through the Menu option at the bottom of the display list to Join Appointment Slots:

CHCS PAS Booking Screen:

```
Patient: COXXXXX,CXXXXXXXX                                  FMP/SSN: XXX-XX-XX45
Clinic: PRIMARY CARE BE/NNMC
Clinic Phone: (301) 295-0196
Provider: BROWN,RYAN A                                Date: 13 May 1999
-------------------------------------------------------------------------
  -THU 0940 13 May 99 SDA    1/1   20 MIN  BOOK        pri-im-m->17
  -THU 1000 13 May 99 PAP    1/1   40 MIN  BOOK        pri-im-m->17
  -THU 1040 13 May 99 ROU    1/1   20 MIN  BOOK        pri-im-m->17
  -THU 1100 13 May 99 SDA    1/1   20 MIN  BOOK        pri-im-m->17
  -THU 1120 13 May 99 SDA    1/0   20 MIN  OPEN        pri-im-m->17
  -THU 1300 13 May 99 URG    1/0   20 MIN  OPEN        ado-mtf-im->17
  -THU 1320 13 May 99 ROU    1/1   20 MIN  BOOK        pri-im-m->17
  -THU 1340 13 May 99 ROU    1/1   20 MIN  BOOK        pri-im-m->17
-------------------------------------------------------------------------
Select one slot to Change, Split, Book, or Overbook.
Select multiple consecutive slots to Join.
Press F9 to view additional appointment data
```

Using the Browse function, a CHCS user must first select the two open appointment slots that are to be combined. In the example the two bolded 20-minute time slots will be joined into one 40-minute appointment. Once the slots are selected user then enters the new Appointment Type for the combined slots (e.g., NEW, SDA, URG) and the number of patients that can be booked into this newly created appointment slot.

The system then creates the new 40-minute appointment. When the staff books an appointment into that newly created appointment slot, only the patient appointment data for the newly booked appointment is sent to ADS. Within CHCS End-of-Day processing, this appointment counts as a single visit linked to the MEPRS Code of the clinic.

If, when creating the new appointment slot, the user entered 2 at the **number of patients per slot prompt** in PAS, the system will allow the user to book 2 patient appointments for this time slot. Each appointment booked and processed as “kept” will counted as a visit when End-of-Day processing is completed.

The “Join” option requires that two consecutive CHCS open appointment slots be available. The Appointment "Freeze" option is also a possible work-around, however, this option may distort full accountability of the provider time slot associated with the clinic visits.

End-of-Day Processing

All clinics must perform End-of-Day processing to produce workload visit statistics. End-of-Day processing is a PAS system function that is required. This function updates the appointment pending status to the actual appointment status for that day. The End-of-Day Processing in CHCS, brings the entire appointment process to closure.

End-of-Day processing in CHCS must be completed for ALL **appointments in** ALL **clinics. End-of-Day processing is a batch process that lists all "Pending" appointments. System users typically process individual exceptions for appointments that were cancelled, or when the patient left without being seen or did not present for their scheduled appointment (No-Show). All other appointments for the specific clinic can then be processed in batch mode as kept appointments.**

If, during end-of-day processing, pending appointments and/or missing providers exist, the Delinquent End-of-Month processing report will be generated and CHCS will NOT report clinic workload statistics in the PAS Monthly Clinic Statistics Reports. However, the Worldwide Workload Report (WWR) can be generated, but the heading of the report will indicate that there are still pending appointments. WAM will populate the correct SAS only with visits that have "Kept" as an appointment status (including Walk-ins and Telephone Consults that have been processed as Count visits).

All End-of-Day processing should be run for each work center at the end of each business day. However, the data for completing this process is retained by the system for only seven (7) days after the appointment date. After seven days, only supervisory personnel with the appropriate security key will be able to perform End-of-Day processing. **End-of-Day processing must be fully completed before Monthly Statistical Reports can be calculated and printed.**

The data elements that can be updated via End-of-Day processing include:

- APPOINTMENT STATUS
- Provider (that actually saw the patient)
- MEPRS Code of the visit

APPOINTMENT STATUS in CHCS conveys what actually happened regarding a scheduled or unscheduled appointment.
The Appointment Status values include:

- Kept
- Pending
- No-Show
- Cancel
- Walk-In
- Telephone Consult
- Sick Call, Admin
- Left Without Being Seen (LWOBS)
- Occasion of Service (OCC-SVC)

Workload Type data field in CHCS designates an Appointment Status as Count or Non- Count. Only Appointments with workload type “Count” are used to produce visit-reporting statistics for outpatient clinic workload calculations.

The CHCS Bulk and Individual Check-In actions also support the ability to change the appointment status from PENDING (when an appointment is scheduled) to KEPT (when the scheduled appointment is kept by the patient). These options are a specialized form of End-of-Day Processing and only can be accessed for use on the day of the appointment.

Currently, there is no interface between CHCS and ADS that supports the return of the Appointment Status, MEPRS code or the Provider that is to be credited for seeing the patient, back to CHCS. This lack of shared information results in dual data entry for clinic staff and an additional effort to maintain consistent data between CHCS and ADS.

Inpatient Visits

When an inpatient is seen in the clinic for an unscheduled visit or is Checked-In for a scheduled appointment in an outpatient clinic, CHCS prompts the user: "Is this appointment RELATED to the inpatient EPISODE OF CARE?" If the user indicates that the clinic visit is related to the inpatient EPISODE OF CARE, the appointment will count as a Kept Appointment, and will be reported as non-count workload using the inpatients MEPRS code under which the patient is currently assigned.

Ambulatory Procedure Visits (APVs)

CHCS supports the reporting of Ambulatory Procedure Visits (APVs) by providing the ability to book appointments and Check-In patients for APVs,

CHCS PAS File and Tables

CHCS PAS/MCP Files and Tables implement site specific rules for appointment processing and workload accounting. The rules are specified at four different levels. These rules are based on the organizational profile of the MTF their relationship with a DMIS ID Group; Outpatient Clinics MEPRS Code within the MTF; providers that are assigned to specific clinics; Appointment Types a clinic uses to schedule patients, and what Appointment Types should be counted within workload reports.

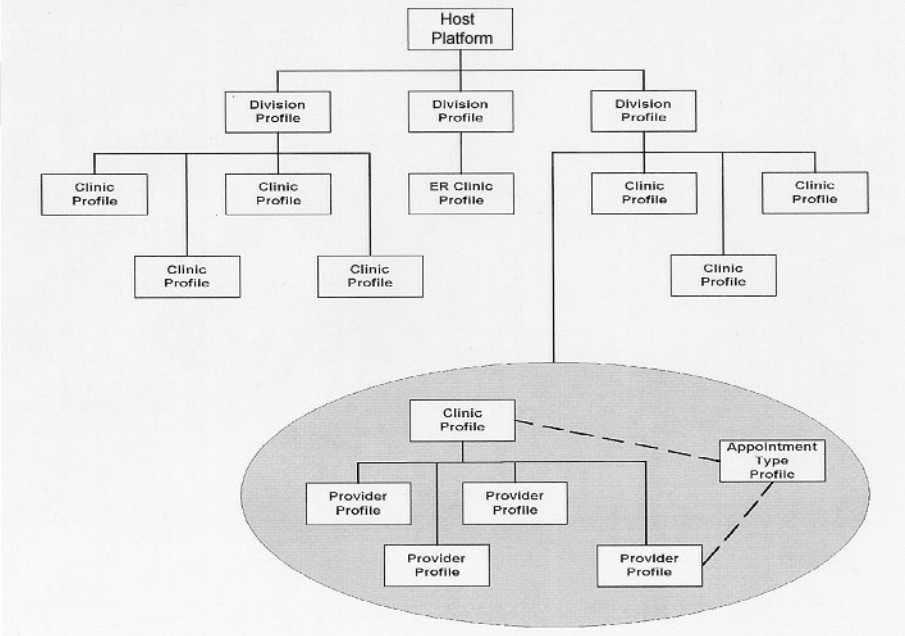
- The **Host Platform Profile** defines the relationship of the MTFs within the DMIS ID Group(s) that are active on a particular CHCS Host Platform and how MTF workload will be rolled up to the DMIS Parent.

- The **Division Profile** defines those specialty clinics by MEPRS Code that provide outpatient services within the MTF.

- The **Clinic Profile** defines the Appointment Types that the clinic will use to schedule appointments and whether the appointment would be Count versus Non-Count workload. A specific Appointment Type must be in the Clinic Profile in order to be assigned to a provider within a clinic.

- The **Provider Profile** defines those specific providers that are associated with a specific clinic and includes the Appointment Types that comprise the providers schedule.

Military Treatment Facility (Figure 2)
PAS File Relationships



CHCS PAS files and tables implement site-specific rules for appointment processing and workload accounting. CHCS PAS files are designed to support a four level hierarchy that establishes the Host Platform, MTF (CHCS Division), Clinic and Provider Profiles.

Events that Generate Outpatient Workload

The following outpatient events generate workload within CHCS that is tracked by MEPRS. The activities that generate outpatient workload, and the supporting File and Table relationships will be the principal focus for the outpatient reconciliation:

- **Check-In for Clinic Visit.** CHCS Patient Check-in option and or End-of-Day processing are used to update the Appointment Status from Pending to Kept in CHCS. These options are also used to change an entry of MEPRS code or to update the actual Provider Seen for a specific visit. MEPRS codes and the Provider should be changed during the End-of-Day processing to accurately reflect the clinic and the provider that should be credited for the visit.

- **Check-in for Ambulatory Procedure Visit (APV)** The Date/Time entered for the APV Check-in, begins the Minutes of Service calculation.

- **Completed Telephone Consults**

See also MEPRS Users Desktop Guide dated 31 December 1998, pages 3-30 through 3-37 for the CHCS Menu Options that provide the Clinic Workload reports and specific descriptions. **This reference is available from the D/SIDDOMS and CHCS II Document Library** (Password Required) See your CHCS Site Manager for access to the applicable CHCS documents. This is the primary site for CHCS Release Documentation: http://www.hctsdm.saic.com/

Outpatient Processing in CHCS

DEERS Eligibility and Enrollment Verification

As part of the appointing process in CHCS, the patient is identified in the CHCS database via the Registration process. Patient registration includes entering demographic data and the download of selected data elements from the Defense Eligibility & Reporting System (DEERS), an eligibility determination and an enrollment status update. All scheduled appointments are processed via the CHCS/DEERS interface to verify eligibility for treatment in the MTF and to capture the most current TRICARE enrollment data (DMIS ID, Alternate Care Value and Primary Care Manager) to support Enrollment Based Capitation (EBC). EBC data elements are stored in CHCS and then sent to ADS for reporting in the Standard Ambulatory Data Record (SADR). Any patient determined not to be eligible will be reported in the DEERS PAS Ineligibility Report generated by CHCS.

Check-In Outpatient Appointment

An outpatient visit is initiated in CHCS when an appointment is scheduled, a patient presents for an Unscheduled Visit, or other outpatient services are captured by CHCS, such as Telephone Consults. The appointment is created in CHCS either through a centralized appointment desk, a Managed Care Support Contractor or the individual clinic staff.

Each clinic is assigned a "B" (or if appropriate an “F”) level MEPRS Code in CHCS. This MEPRS code is defaulted to the visit at the time the appointment is booked. However, the MEPRS Code is not finally assigned for workload reporting until the patient has been Checked-in or End-of-Day processing has been performed.

MEPRS codes are assigned for workload reporting in the following options on the PAS Clerk Scheduling Menu:

- (USV) Unscheduled Visit (Walk-in, T-Con, Sick Call)
- (IPC) Individual Patient Check-in
- (MCD) Multiple Check-in by Default

Check-In Inpatient Appointment

When processing an appointment within the PAS check-in options for an inpatient visit, the clinic staff must verify that the visit is related to the inpatient episode of care. If the appointment IS related to the inpatient stay at the facility, the PAS user will enter "Yes" to the CHCS prompt "Is this related to the Inpatient Episode of Care?". CHCS will automatically update the MEPRS code to the patient's current inpatient MEPRS code - an "A" level MEPRS code. This results in non-count workload, since the visit is attributed to the admission.

If the visit **IS NOT** related to the inpatient stay (e.g. the patient had eye surgery and is scheduled for an allergy appointment) the PAS user should accept the CHCS default of "No//" . The system will then default the clinic "B" level MEPRS code, into the MEPRS code field.

Telephone Consults

When processing Telephone Consults, the user must enter a clinic name for the consult. When the clinic name is entered, the MEPRS code is automatically assigned for the workload credit, if the T-Con is entered as count workload.

Ambulatory Procedure Visits (APV) Processing

The APV Minutes of Service Enter/Edit option allows the CHCS user to complete a patient check-in, check-out, and enter interim date/time values for an APV encounter. The CHCS utilizes this data to calculate the amount of time for each patient APV encounter within the Ambulatory Procedure Unit (APU).

CHCS calculates the APV Minutes of Service for each APV encounter by adding the time elapsed between the 'Arrival Date/Time' and the 'Depart to Procedure Date/Time,' plus the time elapsed between the 'Return from Procedure Date/Time' and the 'Disposition Date/Time.' In CHCS 4.6, Minutes of Service are collected under the fourth level MEPRS Code DGA*.

Emergency Room (ER) Disposition Processing

MEPRS codes can be entered/edited from selected options on the ER Menu. To facilitate accurate workload accounting, ER users should perform periodic End-of-Day processing during the day, while the patient records are still available.

Standard Ambulatory Data Record (SADR) vs. MEPRS Statistics

Standard Ambulatory Data Record (SADR) encounters and MEPRS Visits are designed to support two distinctly different workload reporting objectives. SADR data is patient-centric and provides detailed patient demographics and ambulatory coding related to the patient's encounter. SADR data includes:

- Date/Time of Encounter
- Diagnosis Coding (ICD-9-CM Codes)
- Procedure Coding (CPT-4 Codes)
- Evaluation and Management Coding (CPT-4 E&M Codes)
- Patient identifiers and demographics
- Enrollment Based Capitation (EBC) data
- Military Unique data elements

Outpatient MEPRS Visit data is collected and reported at the work center level. Outpatient MEPRS data elements includes:

- Outpatient Visits
- Inpatient Visits
- Telephone Consults
- Ambulatory Procedure Visits (Number of Patients)
- APV Minutes of Service

OUTPATIENT RECONCILIATION PROCESSING

Step 1 - Verify MEPRS Codes Assigned to Clinic Locations

The following menu path in CHCS provides the ability to generate the **Inappropriate MEPRS Code By Location Report.** This report identifies hospital locations that have incorrectly assigned MEPRS codes for an outpatient clinic location, based on MEPRS business rules.

```
DAA  -> Data Administration Menu (DOD DA ADMIN)
CFT  -> Common Files and Tables Management Menu (DOD F-T BUILD MAIN)
CFM  -> Common Files and Tables Maintenance Menu (DOD MAINTAIN F-T)
CFS  -> Common Files Supplementary Menu (DOD MAINTAIN F-T SUPPL)
IMC  -> Inappropriate MEPRS Code By Location Report
```

Run the above report, and include with your Monthly Reconciliation Report an explanation for any entries that appear on the report. Validation of hospital clinic locations that are reported on the **Inappropriate MEPRS Code By Location Report** will require representatives from various areas to ensure that any proposed changes are coordinated among MTF staff and administration. This is absolutely necessary for management to assess their use and determine the validity and justification of the site-specific practice. This justification should be included in your Monthly Reconciliation Report.

Hospital locations that provide or support health care delivery can be defined in CHCS. Each hospital location is assigned either a MEPRS code or MEPRS Cost Pool Code. A , MEPRS Code or Cost Pool Code may be assigned to multiple hospital locations. MEPRS codes are associated to a DMIS GROUP ID. All MEPRS Codes must be unique within a DMIS ID GROUP. The **Inappropriate MEPRS Code By Location Report** can be run for a single Division or the DMIS ID Group.

The allowable MEPRS code patterns for each CHCS Location Type in the Hospital Location file is listed in this report. The screening in CHCS is for this report only and it is not applied to the default MEPRS codes in the Hospital Location file.

Location Type	ALLOWABLE MEPRS CODE PATTERN
Clinic	B***, CAA*, DB**, DCA*, FBB*, FBI*, FBJ*, FBK*, FBL* FBN*
Ward	A***
Other Location	All MEPRS Codes are Allowed
File Area	EKA*, C***, DCA*
Imaging	DC**, DI**
Lab	DB**
Pharmacy	DA**
MCP Non-MTF	FCC*, FCD*
Same Day Surgery/Ambulatory Procedure Unit	B***, CA**

The ability to display or print the Inappropriate MEPRS Code By Location Report is limited to Database Administrators holding the DOD DATABASE ADMIN and DOD F-T MANAGEMENT security keys.

Step 2 - Obtain Clinic Workload Reports

CHCS provides several workload-related reports that can be used to randomly select the PAS clinics or providers to reconcile including:

- **Clinic Workload Report**
- **Command Facility Workload Recap Report**
- **Monthly Statistical Report**

The CHCS Clinic Workload Report **displays/prints clinic workload data and visit summary data. The report is normally run monthly. If pending appointments and/or appointments with missing providers exist for the specified clinic, the Delinquent End-of-Month Processing Report is produced instead of the Clinic Workload Report. Once the Delinquent End-of-Month Processing has been corrected, the Clinic Workload Report can be re-selected and printed.**

The CHCS Command Facility Workload Recap Report **provides upper management with a three- or four-page clinic-level summary view of the following four main monthly statistical reports:**

- **Monthly Statistical Report,**
- **No-Show Statistical Report,**
- **Facility Cancellation Statistical Report**
- **Patient Cancellation Statistical Report.**

End-of-Day processing must be completed for all providers in the specified clinic. If pending appointments or missing providers exist, the Delinquent End-of-Day processing Report is printed/displayed instead of the Command Facility Workload Recap Report. Once the Delinquent End-of-Month Processing has been corrected the Command Facility Workload Recap Report can be re-selected and printed.

The Monthly Statistical Report **provides monthly statistics by clinics, divisions, and groups. This report lists count and non-count workloads for inpatient and outpatient visits based on the MEPRS code of the clinic. This report consists of four parts:**

- **Part 1 lists the number of inpatient/outpatient visits and appointments by clinic, and by providers within each clinic**
- **Part 2 lists the number of inpatient/outpatient visits and appointments by patient category code**
- **Part 3 lists the number of inpatient/outpatient visits and appointments by MEPRS code and clinic**
- **Part 4 corresponds to Parts 1, 2, and 3 and contains a total summary for each department, division, and group.**

End-of-Day processing must be completed for all appointments in the specified clinic. If pending appointments and/or missing providers exist, the Delinquent End-of-Day Processing Report is printed/displayed instead of the Monthly Statistical Report.

Run any of the above PAS Clinic Statistics Reports and randomly select a Clinic and/or Provider to reconcile. If only the Delinquent End-of-Day Processing Report could be obtained for the prior reporting month, this workload reporting deficiency should be reported as part of the reconciliation and corrective action must be taken at the MTF level.

Step 3 - Select 4 Outpatient Records from 3 Clinics for Reconciliation

```
Menu Path
---------
PAS -> System Menu (SD PAS MAIN MENU)
Clerk Scheduling Menu (SD CLERK MENU)
EOD -> End-of-Day Processing/Editing
```

Seek assistance from the Clinic staff or MID to access the CHCS End-of-Day Processing/Editing Menu Option to review the appointments for the selected clinics. Access to selected outpatient records is also required to reconcile visits reported with associated documentation of the visit.

There are several levels at which the visit workload needs to be verified:

- A random sample of visits accounted for in CHCS have adequate documentation in the patient's outpatient record or other acceptable form and represent visits for different providers and appointment types within the clinic.
- Accuracy of clinic practices for capturing and reporting visits
- Timeliness of performing End-of-Day processing

The reconciliation of the three selected clinics should be at least one day's patient visits. The same clinic may be selected in subsequent monthly reconciliation to determine whether previously identified discrepancies remain unresolved or whether clinic practices have demonstrated improvements.

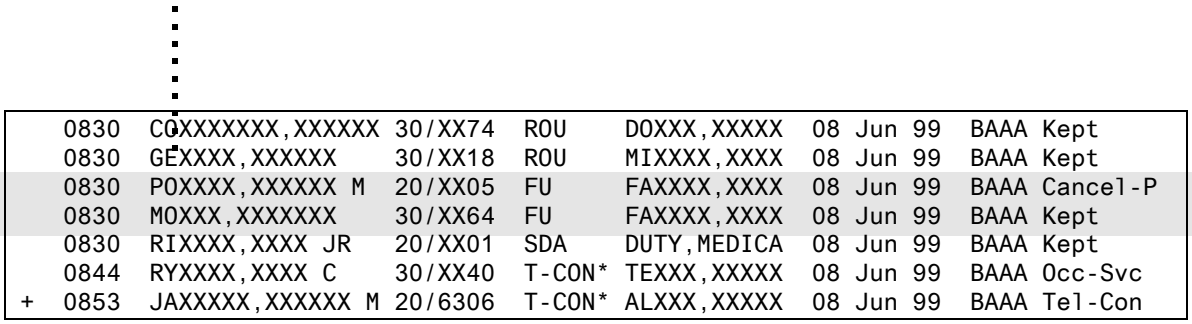
The End-of-Day Processing/Editing view of the appointments scheduled for a specific clinic or providers can be extremely valuable to determine the clinic's overall attention to detail, patient appointment processing and timeliness of End-of-Day processing activities. This detailed view is not easily obtained from the aggregated workload reports.

```
END-OF-DAY PROCESSING

Clinic:
Provider:
Time Range: 0001 to 2400
Dates: 08 Jun 1999 to 08 Jun 1999
================================================================================
 * Clinic
 * Provider
   Time Range
 * Date Range
   Data Elements
   Delinquent Appointments Only
   Default Search Criteria

Clinic is REQUIRED
Use the SELECT key to mark the SEARCH CRITERIA to be changed
```

The **CHCS End-of-Day Processing Screen** provides the ability to search for appointments based on user defined selection criteria. In this case, the Clinic, Provider and Date Range were used to find patient data to be used for the monthly reconciliation.

Use the Select Key (*) to enter the Search Criteria in the End-of-Day Processing option.

```
END-OF-DAY PROCESSING

Clinic: INT MED CL
Provider:
Time Range: 0001 to 2400
Dates: 08 Jun 1999 to 08 Jun 1999
================================================================================
   0822  RIXXXX,XXXX JR   20/XX01  NEW    DUTY,MEDICA  08 Jun 99  BAAA Cancel-F
   0830  JOXXX,XXXXXX E   20/XX19  FU     HOXXXXX,XXX  08 Jun 99  BAAA Kept
```



```
    0830  CQXXXXXXX,XXXXXX 30/XX74  ROU     DOXXX,XXXXX  08 Jun 99  BAAA Kept
    0830  GEXXXX,XXXXXX    30/XX18  ROU     MIXXXX,XXXX  08 Jun 99  BAAA Kept
    0830  POXXXX,XXXXXX M  20/XX05  FU      FAXXXX,XXXX  08 Jun 99  BAAA Cancel-P
    0830  MOXXX,XXXXXXX    30/XX64  FU      FAXXXX,XXXX  08 Jun 99  BAAA Kept
    0830  RIXXXX,XXXX JR   20/XX01  SDA     DUTY,MEDICA  08 Jun 99  BAAA Kept
    0844  RYXXXX,XXXX C    30/XX40  T-CON*  TEXXX,XXXXX  08 Jun 99  BAAA Occ-Svc
+   0853  JAXXXXX,XXXXXX M 20/6306  T-CON*  ALXXX,XXXXX  08 Jun 99  BAAA Tel-Con
```

Once the Search criteria (Clinic, Provider and Date Range) are entered, CHCS will display all appointments for the specified Clinic, Provider and Date Range.

Note: The "+" on the screen indicates that additional visits are available for display.

Select the patients, providers and appointment types for the monthly reconciliation.

Perform a high level evaluation of ALL appointments displayed:

- Are any patients "double or triple booked" within the span of two hours?
- Does the clinic appear to accurately log Occ-Svc?
- Does the clinic appear to accurately log Patient versus Clinic Cancel?
- Does the clinic use Generic Providers?
- Were there any pending appointments?

Step 4 - Verify Clinic Profile

```
Menu Path
---------
PAS -> PAS System Menu (SD PAS MAIN MENU)
Scheduling Supervisor Menu (SD PAS SUPER)
CPRO -> Profiles Menu (SD PROFILES MENU)
LPRO -> List Profiles Menu (SD PRINT PROFILES)
3 -> Clinic Profile List
```

The Clinic Profile List in CHCS establishes rules for specific clinic appointment processing. It includes the MEPRS Code assigned to the clinic and whether the clinic is a Count or a Non-count clinic. The Clinic Profile List also displays all Appointment Types for the selected clinic or clinics and lists whether the Appointment Type is a Count or a Non-count appointment type.

```
CLINIC PROFILE LIST                14 Jun 1999@1820    PAGE 1
=========================================================
Name:                              INT MED CL
Abbreviation:                                           INTM
Facility:                          DQ MODEL MTF
Division:                          DQ MODEL Division
Building Name:                     OUTPATIENT CODE 210
Building Number:                   9
Clinic Availability:               0800-1700,MON -FRI
Telephone:                         (XXX) XXX-4630
Enrollee Lockout:                  YES
Type of Care:                      BOTH SPECIALTY AND PRIMARY
CARE
Service:                           INTERNAL MED SVC
Department:                        INTERNAL MED DPT
Specialty:
MEPRS Code:                        BAAA
Wait List Activated:               YES
Maximum Wait List Days:            365 DAY(S)
Wait List Provider Mandatory:      YES
Wait List Hold Duration:           5 DAY(S)
Automatic Wait List Processing:    YES
Schedule Hold Duration:            1 DAY(S)
Prompt for Requesting Service:     YES
Patient Record Pull:               0 DAY(S)
Clinic Type:                          COUNT
Activation Status:                 ACTIVATED
Prepare Reminder Notices:          10 DAY(S)
Cost Pool Code:
```

* Some data elements unrelated to the reconciliation have been eliminated to shorten display.

Data elements within the Clinic Profile that impact workload reporting are:

- Facility
- Division (MTF DMIS ID)
- MEPRS Code (Must be a valid "B" level MEPRS code - MEPRS code must be unique within the DMIS ID Group)
- Clinic Type (Count versus Non-Count)
- Activation Status (Active versus Inactive)
- Appointment Type (Count versus Non-Count)

The decision about Count or Non-count Appointment Types should be made based on MEPRS business rules for a visit versus an Occasion of Service. Various interpretations of Count and Non-count visits have created a significant deviation in business practices between MTFs.

The point is to accurately capture the care delivered in concert with standard MHS rules and practices. This is absolutely necessary to accurately reflect the workload performed and to accurately capture the resources applied.

Step 5 - Verify Appointment Types

The Clinic Profile list, also includes the ability to display all Appointment Types profiled for the selected clinic and whether the Appointment Types are Count or Non-count.

```
CLINIC PROFILE LIST           14 Jun 1999@1820    PAGE 3
=========================================================

---Appointment Types---
Appointment Type:                    NEW
Duration:                            60 MINUTES
Status:                              ACTIVE
Workload Type:                       COUNT

Appointment Type:                    REFIL Duration:
5 MINUTES
Status:                              ACTIVE
Workload Type:                       COUNT
```

* Some data elements unrelated to the reconciliation have been eliminated to shorten display.

In the case example above, clinic processes should be carefully evaluated and discussed with clinic staff to determine whether the Appointment Type of REFIL is actually "Count Visit", per the MEPRS Visit definition.

Step 6 - Verify Provider Default MEPRS Codes

Contact your CHCS System/Database Administrator for support to access the **CHCS Provider File**. The Provider File in CHCS contains key data elements for the unique identification of each provider, in addition to their assigned "Location" and "Clinic ID".

The following CHCS Menu Path is used to enter new providers into CHCS or edit existing CHCS providers via the Provider Enter/Edit option.

```
Menu Path
---------
CA  -> Core Application Drivers Menu (XUCORE)
DAA -> Data Administration Menu (DOD DA ADMIN)
CFT -> Common Files & Tables Management Menu (DOD F-T BUILD MAIN MENU)
CFM -> Common Files and Tables Maintenance Menu (DOD MAINTAIN F-T)
PRO -> Provider Enter/Edit
```

CHCS Provider Enter/Edit Screen #1 below, displays the assigned "Location" and "Clinic ID" for a specific provider. All providers that are entered into the CHCS Provider File must be assigned to a hospital location. All active hospital locations should be associated with a valid MEPRS Code.

CHCS Provider File Enter/Edit Screen #1.

```
PROVIDER:  MXXXXX,XXXXX X                          DA PROVIDER EDIT

                     Name:  MXXXXX,XXXXX X
            Provider Flag:  PROVIDER
Select PROVIDER SPECIALTY:
  INTERNIST
  INTERNAL MEDICINE

              HCP SIDR-ID:  011101
                 Location:  INT MED CL
                    Class:  PHYSICIAN
              Provider ID:  MXXXXX
                 Initials:  XXM
                      SSN:  1XX-XX-XXXX
                     DEA#:  XMXXXXXX
                     HCP#:  NO.-XXXXXX
                Clinic ID:  INT MED CL
     Department ID:  INTERNAL MED DPT
    Date Assigned to MTF:  20 Sep 1991
                    Title:  INTERNIST
          Signature Block:  XXXXX X. XXXXXX,MD
               Supervisor:
```

How the Provider "Clinic ID" and "Location fields" are used in CHCS

Outpatient Pharmacy Orders: When Pharmacy staff enters Outpatient Pharmacy Orders, CHCS first checks the "Clinic ID" of the Provider File. If this field is blank, CHCS then checks for the "Location" field from the Provider File. This will become the default MEPRS code for the Pharmacy order. The provider's primary assigned "Location" is a required field in the CHCS Provider File. Cost Pool Codes should not be entered into either the Location or the Clinic ID. For consistency, the Provider's Location should be the same as the Clinic ID in the Provider File.

Laboratory And Radiology Orders: However, when Laboratory and Radiology orders are entered into CHCS by ancillary staff, CHCS will use the MEPRS code from the Location field in the Provider file as the default requesting location rather than the Clinic ID.

NOTE: The Location and Clinic ID should represent the Clinic in which the provider would normally see patients. The Location and Clinic ID should NOT reflect that the provider is assigned to the Command Suite (Admin Area) or Training Programs (Rotating Intern). This could easily result in ancillary workload being assigned to "E" or "F" Level MEPRS Codes. The "E" level workload edit in CHCS only applies when the "E" Level MEPRS Code is also a CHCS location type of "File Area".

CHCS will prevent the entry of an Inappropriate Requesting Location as a "Location" in the Provider file. An Inappropriate Requesting Location is defined as a hospital location, which has the combination of a "File Area" Location Type **AND** is associated with an "E" level MEPRS code (i.e., E*** MEPRS code).

Below is a chart of the screening process for Inappropriate Requesting Locations that are associated with "E" Level MEPRS Codes:

Location Type	MEPRS Code	Screening Action
File Area	E***	screen out location
File Area	other than E***	accept
any other Location Type	any code (including E***)	accept

Provider Order-Entry Preferences MEPRS Code Defaults

While the CHCS Provider file contains the provider's primary assigned "Location" and "Clinic ID" used as the Requesting Location or ancillary orders, **providers that enter outpatient orders directly into CHCS are responsible for maintaining their User Order-Entry Preferences within CHCS.**

The following Menu Path allows providers to define their DEFAULT LOCATION and DEFAULT MEPRS CODE within the CHCS Clinical Users file, for ancillary order processing and workload assignment. This provider entered default will displayed by CHCS during the ordering process as the Requesting Location//:

```
Menu Path
---------
CA   ->  Core Application Drivers Menu (XUCORE)
CLN  ->  Clinical System Menu (OR-CORE-MENU)
P    ->  Physician Menu (OR-MD-MAIN)
USR  ->  User-Specific Customization Menu (OR-USER-CUSTOMIZATION)
PRF  ->  Set User Preferences Menu
                Desktop User Order Entry Preferences
```

CHCS Provider Order Entry Preferences Screen display:

```
CLINICAL USER: MXXXXX,XXXXXXXX              ORDER ENTRY PREFERENCES

      PATIENT CARE PLAN DISPLAY:
      RECENT ORDER ENTRY LIST DURATION:
      DEFAULT LOCATION: INT MED CL
 DEFAULT MEPRS CODE: BAAA  N INTERNAL MEDICINE
```

When the provider defines the above order entry preferences, CHCS supports the following screening:

- The DEFAULT LOCATION field will not accept an Inappropriate Requesting Location. An Inappropriate Requesting Location is defined as a hospital location, which has the combination of a "File Area" Location Type **AND** an associated "E" level MEPRS code (i.e., E*** MEPRS code).

The "Requesting Location//" that is displayed when a provider enters outpatient ancillary orders into CHCS, is determined by the entry of the DEFAULT LOCATION / DEFAULT MEPRS CODE fields from the Order-Entry Preferences screen above. The Requesting Location indicates the hospital location where the orders will be printed and the MEPRS Code that that will be assigned to the orders.

When a provider enters orders into CHCS, CHCS will first check to see if the ordering provider has set up defaults within the Provider Order Entry Preferences. If defaults have been entered, the default will be displayed to the ordering provider, each time ancillary orders are entered. The default Order Entry Preferences will override both the Clinic ID and Location fields entered in the Provider File.

If the provider has not set up default Order Entry Preferences, CHCS will prompt the ordering provider for a Requesting Location//. When providers support multiple clinics, they often prefer to leave their Order Entry Preferences blank, and enter the Requesting Location// when prompted by CHCS, to correctly assign the Requesting Location// to ancillary orders.

Once a valid MEPRS code is entered, CHCS will display the Patient Order List (POL) and the provider will be allowed to continue with the Order Entry session.

Verifying Provider Default MEPRS Codes

Since there is no system report available to verify the DEFAULT LOCATION and DEFAULT MEPRS CODE entered by each provider an ad-hoc report has been developed to support the verification of Provider defaults.

Appendix A contains an ad-hoc report to display MEPRS Codes associated with the Provider File and Clinical User Files. This report requires Programmer Level Access to create and run the report. The Ad Hoc Report displays:

- DEFAULT MEPRS from User Order Entry Preferences (from the Clinical User File).
- MEPRS associated with the DEFAULT LOCATION (from the Clinical User File)
- MEPRS associated with "Location" field in Provider file
- MEPRS associated with "Clinic ID" field in Provider file

A comparison of all values for each provider can help determine where Ancillary Orders may be assigned incorrect default values. Ancillary orders that have incorrect Requesting Locations can significantly impact data quality affecting the ability to accurately capture the costs for services within a particular workcenter.

Step 7 - Verifying DEERS Eligibility Check

Ask the Clinic Staff to verify whether a DEERS check has been performed for this patient's visit. Use the following CHCS menu path, so that another DEERS check is not triggered, which would overwrite the date/time stamp of the last check performed.
The DEERS check performed via the CHCS-DEERS interface will report the patients current eligibility and provide the most recent enrollment status data to CHCS. This information is then passed to ADS for reporting on the SADR and included in the Ancillary Orders data sent to CEIS.

```
Menu Path
---------
PAD -> System Menu (DG USER)
REG -> Registration Options Menu (DG REGISTRATIONS MENU)
DSI -> DEERS Status Information
```

Perform a Patient Look-up in CHCS by entering the patient's name, FMP/Sponsor SSN or first character of their last name and the last 4 digits of the Sponsor's SSN, example: C0045 for Chaplin, Charlie (SSN 184-44-0045).

```
Select PATIENT NAME: CHAPLIN,C
     1   CHAPLIN,CARISA                01/XXX-XX-XX45 17 Jan 1994 F

Direct Care:   ELIGIBLE

Deers End Date: 16 Jul 2004

Date of Last Check:   17 Mar 1998@020505

    Reminder: The eligibility check is only valid for 120 hours.  Check
    the date shown to see if the DEERS status displayed is still valid.
```

Internet Resources

The following Internet sites provide various document libraries and items of interest related to business practice improvement, Customer Support and Data Quality. In order to access many of the documents, Adobe Acrobat Reader and software to "unzip" downloaded files must be installed on your PC.

Throughout the reconciliation process, the **MEPRS Users Desktop Guide** dated 31 December 1998, is used as a primary reference. It is available from several web sources including:

D/SIDDOMS and CHCS II Document Library (Password Required) See your CHCS Site Manager for access to the applicable CHCS documents. This is the primary site for CHCS 4.602 (SMMR1) Release Documentation including the **MEPRS User Desktop Guide dated 31 December 1998.**
http://www.hctsdm.saic.com/

There is also other helpful information available in the D/SIDDOMS and CHCS II Document Library such as the **CHCS 4.61 WAM Implementation Guide and CHCS 4.603 Release Notes.**

TMSSC Information Network (Log-in Required)
The Tri-service Medical Systems Support Center (TMSSC) Information Network provides an comprehensive inventory of available ad-hoc reports, designed to meet a variety of user needs. Several TMSSC Ad-Hocs are applicable to the reconciliation process, as optional reconciliation activities. TMSSC also maintains documentation libraries for many MHS applications and Lessons Learned, in addition to providing Customer Support for numerous MHS applications.

TMSSC Customer Support Process
TMSSC is also assigned the responsibility for Customer Support. TMSSC will receive, triage, identify, troubleshoot, generate trouble tickets, update, and close trouble tickets. Calls will be escalated as appropriate. Trouble tickets should not be closed until the problem is resolved to your site's satisfaction. All trouble tickets are documented and tracked through the TMSSC Remedy database. TMSSC is available 24 hour a day, 7 days a week.

Site personnel should verify with your site MID staff your site procedures to report system problems. Typical site reporting processes include:

Step 1: Site personnel become aware of problem. Capture and provide as much initial analysis as possible. Document via E-mail or other trouble reporting log.

Step 2: Contact local support staff for additional support and possible resolution.
Remember to follow-up. If you do not have a response/status, within a reasonable period of time, inquire regarding the status of your problem and ensure that it has been appropriately escalated, if unresolved at the MTF level.

Step 3: Contacts TMSSC Help Desk if issue cannot be resolved locally
CONUS 1-800-600-9332 or DSN 240-4150
OCONUS Access Code + 1-800-981-5339 or DSN 240-4150
Again, **Remember to Follow-up and document your Trouble Ticket #.**
Often, an important piece of information is needed to complete the analysis and provide resolution.

The TMSSC website also provides the ability to directly problem reports directly into the Remedy tracking system or query Remedy online at: https://infonet.tmssc.brooks.af.mil/

CHCS Version 4.61 Computer Based Training (including WAM)
This Computer Based Training Course for 4.61 provides an excellent overview of the features of CHCS 4.61, including WAM and Ambulatory Procedure Visits (APVs).
http://207.13.230.240/tmssc/

Clinical Business Area - CHCS Project Documentation
http://cba.ha.osd.mil/documents/documents-project.htm#chcs

CHCS Version 4.602 Enhancements Brochure	872 KB Zip File
Overview of Provider Merge Apr 1999	4 KB Zip File
Guide for Order Entry 26 May 1998	752 KB PDF File
CHCS Version 4.6 Enhancements Brochure	909 KB Zip File

CHCS User Desk Top Guides

MCP User Desktop Guide 26 May 1998	870 KB Zip File
MEPRS User Desktop Guide 26 May 1998* Note: This is an earlier version. The current version is 31 December 1998	1.2 MB Zip File
DD7A User Desktop Guide 26 May 1998	997 KB Zip File
APV User Desktop Guide 26 May 1998	832 KB Zip File

DoD Data Quality Guidance
http://www-datadmn.itsi.disa.mil/dqpaper.html

DoD Manual 601013M - Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities
http://web7.whs.osd.mil/html/601013m.htm

Health Standard Resources System (HSRS)
http://www.hsrs.ha.osd.mil/

Air Force MEPRS Home Page
http://usafsg.satx.disa.mil/~sgmc/meprs.htm

Tri-Service Medical Systems Support Center (TMSSC) http://www.tmssc.brooks.af.mil/

Patient Administration Systems and Biostatistics Activity (PASBA)
http://pasba.tricare.osd.mil/

Corporate Executive Information System (CEIS)
http://ceis.ha.osd.mil/

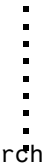
Worldwide Workload Report Users Manual
http://pasba.tricare.osd.mil/wwruserm.html

Appendix A

Ad Hoc Provider Default Verification

This report can only be run using Programmer FileMan, not the user FileMan available under the FM menu. So, software specialists would have to run this report for MEPRS Coordinators on a regular basis.

```
D P^DI

Select OPTION: 3  SEARCH FILE ENTRIES

Output from what file: USER//        (226 entries)

  -A- Search for USER FIELD: PROVIDER  PROVIDER
  -A- Condition: -NULL

  -B- Search for USER FIELD:

If: A//     PROVIDER NOT NULL

Store results of search in Template:
Maximum number of Entries matching specification: UNLIMITED//

Sort by: NAME//
Start with NAME: FIRST//
First Print FIELD: NAME  NAME
Then Print FIELD: NAME:CLINICAL USER:DEFAULT MEPRS;C30
   By 'CLINICAL USER', do you mean the CLINICAL USER File,
       pointing via its 'NAME' Field
       to the USER File? YES//   (YES)
   By 'DEFAULT MEPRS', do you mean the CLINICAL USER 'DEFAULT MEPRS CODE'
Field?
 YES//
  (YES)
Then Print FIELD: NAME:CLINICAL USER:DEFAULT LOCATION:MEPRS
   By 'CLINICAL USER', do you mean the CLINICAL USER File,
       pointing via its 'NAME' Field
       to the USER File? YES//   (YES)
   By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES//
  (YES)
Then Print FIELD: NAME:PROVIDER:LOCATION:MEPR^
   By 'PROVIDER', do you mean the PROVIDER File,
       pointing via its 'USER FILE ENTRY' Field
       to the USER File? YES// ^
   By 'PROVIDER', do you mean the PROVIDER File,
       pointing via its 'USER FILE ENTRY' Field
       to the USER File? YES//   (YES)??
Then Print FIELD: ^


Select OPTION: 3  SEARCH FILE ENTRIES

Output from what file: USER//        (226 entries)

  -A- Search for USER FIELD: PROVIDER  PROVIDER
  -A- Condition: -NULL
```



```
  -B- Search for USER FIELD:

If: A//     PROVIDER NOT NULL

Store results of search in Template:
Maximum number of Entries matching specification: UNLIMITED//

Sort by: NAME//
Start with NAME: FIRST//
First Print FIELD: NAME  NAME
Then Print FIELD: NAME:CLINICAL USER:DEFAULT MEPRS;C30
   By 'CLINICAL USER', do you mean the CLINICAL USER File,
       pointing via its 'NAME' Field
       to the USER File? YES//   (YES)
   By 'DEFAULT MEPRS', do you mean the CLINICAL USER 'DEFAULT MEPRS CODE'
Field?
 YES//
  (YES)
Then Print FIELD: NAME:CLINICAL USER:DEFAULT LOCATION:MEPRS;C40
   By 'CLINICAL USER', do you mean the CLINICAL USER File,
       pointing via its 'NAME' Field
       to the USER File? YES//   (YES)
   By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES//
  (YES)
Then Print FIELD: NAME:PROVIDER:LOCATION:MEPRS;C50
   By 'PROVIDER', do you mean the PROVIDER File,
       pointing via its 'USER FILE ENTRY' Field
       to the USER File? YES//   (YES)
   By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES//
  (YES)
Then Print FIELD: NAME:PROVIDER:CLINIC ID:MEPRS;C60
   By 'PROVIDER', do you mean the PROVIDER File,
       pointing via its 'USER FILE ENTRY' Field
       to the USER File? YES//   (YES)
   By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES//
  (YES)
Then Print FIELD:
Heading: USER SEARCH//
Footnote:
Store Print logic in Template:
DEVICE:   NTA Template    RIGHT MARGIN: 80//
```

The report is not elegant, but it pulls all the MEPRS Codes that would appear as various defaults:

1) Default MEPRS field from Clinical Desktop
2) MEPRS Code associated with Default Location from Clinical Desktop
3) MEPRS Code associated with Location field in Provider file
4) MEPRS Code associated with Clinic ID field in Provider file

```
              Personal Data - Privacy Act of 1974 (PL 93-579)
USER SEARCH                                  03 Sep 1999@1451    PAGE 1
NAME
                              NAME:CLINICAL
                              USER:DEFAULT
                              MEPRS
                                        NAME:CLINICAL
```

```
                                  USER:DEFAULT
                                  LOCATION:MEPRS
                                            NAME:PROVIDER:LOCATION:MEPRS
                                                      NAME:PROVIDER:CLINIC
                                                      ID:MEPRS
-------------------------------------------------------------------------

ALEXANDER,MARY                                      BAAC
ALLEN,CINDY                                         AAAA
```